

**AMENDMENT REQUEST FORM
TITLE IV-B AND INDEPENDENT LIVING**

DATE: _____

REQUESTOR'S NAME: _____

CONTRACT NUMBER: _____

CPID NUMBER: _____

DOLLAR AMOUNT CHANGE:

SERVICE CODE	INCREASE	DECREASE	TOTAL DOLLAR AMOUNT
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADD OR REMOVE COMPONENTS:

SERVICE CODE	ADD COMPONENT	REMOVE COMPONENT	RATE	UNIT DEFINITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RATE CHANGE:

SERVICE CODE	COMPONENT	RATE	UNIT DEFINITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

JUSTIFICATION FOR AMENDMENT:

All Dollar amount Amendment Requests must be accompanied by a revised 660

_____ Regional Coordinator	_____ Date	_____ Regional Manager	_____ Date	_____ Program Manager	_____ Date
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Department of Child Services
Regional Plan for Child Welfare Services 07/01/06 through 06/30/08